MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

Burial

Roland R. Speaks, Independence, Mo.

24. FUNERAL DIRECTOR

ITEM ω

DEPARTMENT OF PUBLIC HEALTH AND Primary Registration District No. 1002 Registrar's No. Registration District No. DO NOT WRITE AMENDED ON THIS STUB FILEO DEC - 2 1961 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH a. COUNTY Jackson VS 300 a. STATE MISSOURI b. COUNTY Tackson admission) AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits OR TOWN Kansas City TOWN Kansas City 2 vears Yes 🛣 No 🗌 O c. FULL NAME OF (If NOT in hospital, give location) d. STREET Inside Limits (If cutside, give location) Reside on Farm DATE HOSPITAL OR ADDRESS Yes 🖫 No 🗋 Baptist Memorial 11116 Applewood Drive Yes | No-NAME OF DECEASED First Middle DATE Dav Year (Type or print) Nancy Carol Fletcher DEATH November 9 1963 5. SEX Female 9. AGE (last birthday) | IF UNDER 1 YEAR COLOR OR RACE 7. Married 📉 Never Married [8. DATE OF BIRTH IF UNDER 24 HR White Months Davs Widowed | Divorced [] 9-11-1938 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Nurse Nursing Flint, Michigan U.S. 14. NAME OF HUSBAND OR WIFE 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME Doris Heaviland Tessie Vun Cannon Richard C. Fletcher 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) | (If yes, give war or dates of service Probabl 11116 Applewood Dr No Richard C Fletcher. 18. CAUSE OF DEATH (Enter only one cause per line INTERVAL BETWEEN CUMENT PART I. DEATH WAS CAUSED BY: ONSET AND DEATH 10 RECORD IMMEDIATE CAUSE (a) ď 11 NSTEAD Conditions, if any, DUE TO (b) which gave rise to S above cause (a), Ë stating the under-Cerebellum DUE TO (c) cause last. Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III, If deceased Was female CERTIFICATION there a pregnancy in last 90 days. disease condition given in PART I (a) 10 AMENDMENTS ☐ Yes ☐ No ☐ Unknown 5 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) SUICIDE HOMICIDE 20a. ACCIDENT WAS AUTOPSY PERFORMED? oh V medul Month, Day, Year 20c. TIME OF Hou RIBBON INJURY a.m. ы p.m. attendin COUNTY STATE 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 201, CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED H WHILE AT WORK tumor NOT WHILE AT WORK 18107 READ TYPEWRITER 11-9-63 11 - 9 - 6310-7-63 and last saw him alive on. 21. I attended the deceased from m on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at SHOULD Brain 22c. DATE SIGNED 22b. ADDRESS 22a. SIONATURE (Deglee or_title) 능 23c. NAME OF CEMETERY OR CREMATOR 23d. LOCATION (City, town, or county) 23a, BURIAL, CREMATION, 23b. DATE 2 REMOVAL (Specify) Ö Independence, Jackson, Missouri Mound Grove

(Licensed Embalmer's Statement on Reverse Side)

25. DATE RECD. BY LOCAL REG.

26. REGUERAR'S SIGNATURE

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De 3-2891

STATEMENT BY LICENSED EMBALMER

I hereby certify	that the body whose name is re	ecorded on the rev	verse side of this certificate was embalmed by me,
or by	·		Student Embalmer No
working under my perso	onal supervision.	,	0. 10
StudentSignat	ure of Student Embalmer	Signed	aland & Speaker
•		,	Licensed Embalmer No. 3604
₩ ,, ₩, .	1 1	· · · · · · · · · · · · · · · · · · ·	P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.